



ARTS & ENTERTAINMENT DISTRICT Permit Application

Name of Applicant: _____
(State the name of the Applicant as it appears on its alcoholic beverage license)

Primary Point of Contact ("POC"): _____

Primary POC Phone: _____

Primary POC E-Mail: _____

Alternate POC: _____

Alternate POC Phone: _____

Alternate POC E-Mail: _____

Please give the location address of your alcoholic beverage establishment:

District Name (please check which one applies): ☐ Meridian ☐ Quigley

The term "owner", as used in the question below, means each individual owner of a sole proprietorship, officer of a corporation, and partner or member of an association, except as to incorporated clubs the term shall mean such individuals who, under the bylaws of such clubs, have the jurisdiction over the possession and sale of alcoholic beverages therein.

Is any adverse criminal, quasi-criminal, or administrative action currently pending or been taken in the immediately preceding 12 months against the Applicant or its owner related to its alcoholic beverage license or the operation of its licensed premises? ☐ Yes ☐ No

Signature of Applicant: _____

Print Name: _____

Title (if signing for an entity): _____

Date: _____

For City Use Only

Return form to: City Clerk-Treasurer's Office, P.O. Box 308, Huntsville, AL, or Fax to 256-427-5095